

United States Environmental Protection Agency  
Washington, D.C. 20460  
**DATA CALL-IN RESPONSE**

OMB Approval 2070-0174  
EPA FORM 6300-4

INSTRUCTIONS: Please type or print in ink. Please read carefully the attached instructions and supply the information requested on this form.  
Use additional sheet(s) if necessary.

## 1. Company Name and Address

ACTIVON, INC.  
201 W. VAN BUREN STREET  
COLUMBIA CITY, IN 46725

## 2. Case # and Name

0569 - Sodium dichloro-s-triazinetrione  
Chemical # and Name: 081404  
Sodium dichloro-s-triazinetrione

## 3. Date and Type of DCI and Number

17-Jun-2019  
GENERIC  
ID # GDCL-081404-1795

## 4. EPA Product Registration

## 5. I wish to cancel this product registration voluntarily

## 6. Generic Data

6a. I am claiming a Generic Data Exemption because I obtain the active ingredient from the source EPA registration number listed below.

6b. I agree to satisfy Generic Data Requirements as indicated on the attached form entitled "Requirements Status and Registrant's Response."

## 7. Product Specific Data

7a. My product is an MUP and I agree to satisfy the MUP requirement on the attached form entitled "Requirements Status and Registrant's Response."

7b. My product is an EUP and I agree to satisfy the EUP requirement on the attached form entitled "Requirements Status and Registrant's Response."

66570-2

N/A

N/A

*\*Product ingredient source information may be entitled to confidential treatment\**

8. Certification: I certify that the statements made on this form and all attachments are true, accurate, and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine, imprisonment or both under applicable law.

Signature and Title of Company's Authorized Representative David Swain Agent

9. Date

03/03/2020

10. Name of Company Activon, Inc.

11. Phone Number 260-244-6270